


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Jerome Allen James	COURT CASE NUMBER 08C1019
DEFENDANT Michael Sheahan	TYPE OF PROCESS S/C

SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Tyrone Gilmore, Correctional Officer Division 5, 3 to 11 shift

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr. Div 5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jerome Allen James, B-68976
Stateville-STV
P.O. Box 112
Joliet, IL 60434

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	11
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

APR 22 2008 **APR 22 2008 PH**

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

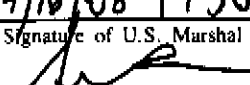
Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 04-02-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 10 of 11	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 04-02-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) RONNIE FARMANIS, OFFICER LEGAL DEPT	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 4/16/08
	Time 1300 pm
	Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
one	Service fee charged same location + case				see	

REMARKS:

1 DUSM, 1 Hour, 16 miles

process sheet #2 for charges.